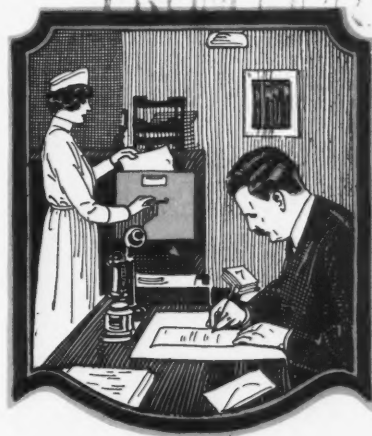


# THE Canadian Hospital

*A Monthly Journal for Hospital Executives*

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| Mount Forest General Hospital       | - | - | Mount Forest           |
| Galt Hospital                       | - | - | Galt                   |
| General Hospital                    | - | - | Sault Ste. Marie, Ont. |
| General Hospital                    | - | - | Kingston, Ont.         |
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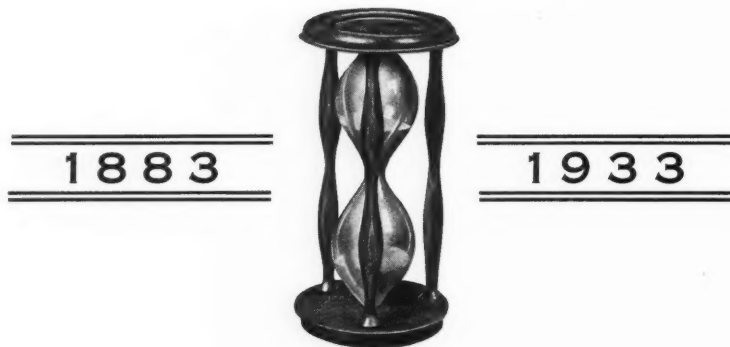
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## Enthusiastic Meeting Held by Nova Scotia and P.E.I. Association

THE Science Hall of St. Francis Xavier University, Antigonish, N.S., was the scene of the Fifth Annual Meeting of the Hospital Association of Nova Scotia and Prince Edward Island, which took place on June 27th and 28th. This is always one of the best of the provincial association meetings, and the many talented speakers who take part in the discussions have the keen attention of the delegates throughout the sessions.

The address of welcome was given by W. Vinton, Esq., Mayor of Antigonish, and was responded to by Rev. H. G. Wright, president of the association, who later delivered the presidential address.

The balance of the programme was as follows:

Address: Hospitals and Social Service.

Rev. M. M. Coady, D.D., St. Francis Xavier University.

Discussion.

Leader: L. D. Currie, Esq., LL.B., Glace Bay, N.S.

Appointment of Nominating and Resolutions Committees.

Adjournment.

### AFTERNOON SESSION

Address: Dr. M. T. MacEachern, American College of Surgeons, Chicago.

Discussion.

Leaders: Dr. G. S. MacIntosh, Supt. Victoria General Hospital, Halifax, N.S.

Miss M. MacMillan, Supt. Glace Bay General Hospital.

Address: Dr. S. R. Hewitt, Superintendent General Hospital, St. John, N.B.

Reports of Committees:

Nursing Education; Legislative; Publicity.

Adjournment.

The Delegates were then invited to visit the Antigonish Golf Club or go on a motor tour of the country.

Banquet at the University Dining Hall.

The Delegates were the guests of St. Martha's Hospital.

Public Meeting, Immaculatta Hall, Mount St. Bernard.

Chairman: Rev. H. G. Wright.

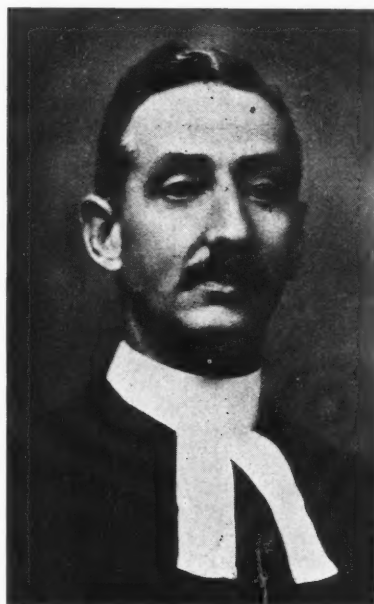
Speakers: His Excellency Bishop Morrison, Dr. M. T. MacEachern, Dr. Harvey Agnew, L. D. Currie, Esq., and others.

### WEDNESDAY, JUNE 28th

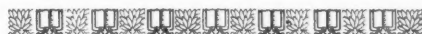
#### MORNING SESSION

Address: The Hospital Trustee and His Job.

Dr. Harvey Agnew, Secretary, Dept. of Hospital Service, Canadian Medical Association.



REV. H. G. WRIGHT,  
*President, the Hospital Association of  
Nova Scotia and Prince Edward Island.*



Discussion:

Leader: Rev. J. R. MacDonald, Chairman, Board of Trustees, St. Martha's Hospital, Antigonish.

Round Table on Topics of Interest to Hospital Boards of Trustees.

Leaders: Dr. G. Harvey Agnew, Dr. M. T. MacEachern, Dr. H. L. Scammell, W. K. Rogers, Esq.

Adjournment.

### AFTERNOON SESSION

Business Session.

Act of Incorporation.

Co-operative Buying of Hospital supplies for the Members of the Hospital Association of Nova Scotia and Prince Edward Island.

Report: Dr. H. L. Scammell.

Unfinished business.

Reports of Nominating and Resolutions Committees.

Appointment of Officers and Committees.

Adjournment.

Visit to St. Martha's Hospital. Tea was served by the Local Branch of the Registered Nurses' Association.

The round table discussions of interest to trustees included the following subjects:

1. Who should have charge of the purchase of food and other supplies?
2. Does your hospital have a yearly audit of accounts by a competent person?
3. What is your attitude towards the employment on the staff of relatives of the Superintendent, or those of members of the Board of Trustees?
4. Which is more economical, to run a laundry or send your laundry out?
5. Should a hospital run an ambulance service?
6. Should a hospital insist upon Pasteurized milk? If not, how far is the hospital responsible for the purity of the milk supply.
7. How long should salaries continue for hospital staff officials absent through illness?
8. What should be the qualifications of a Hospital Trustee?
9. What should be the relationship of the Board of Trustees to the Superintendent?—and to the medical staff?
10. What details in the hospital budget should be the first to go or to be reduced? What should be the last?

Rev. H. G. Wright was re-elected President and Miss Anne Slattery, Windsor, N.S., was re-elected Secretary-Treasurer. The 1934 convention will be held in Charlottetown in June.

## Impressive Sessions Conducted by New Brunswick Hospital Association

THE fifth annual meeting of the New Brunswick Hospital Association was held on June 22nd and 23rd, at Saint John, the sessions taking place in the lecture room, nurses' residence, Saint John General Hospital. Dr. S. R. D. Hewitt, president, occupied the chair. The conference and demonstrations were conducted by Dr. Malcolm T. MacEachern, Chicago, assisted by Dr. Harvey Agnew, of Toronto.

Addresses of welcome were given by Mayor Brittain and Hon. Dr. H. I. Taylor, Minister of Health for New Brunswick.

Papers were then read as follows: "Tuberculosis Infection in Nurses," by Dr. R. J. Collins, superintendent of the Saint John Tuberculosis Hospital; "Hospital Publicity," by Dr. MacEachern; "The Importance of Adequate Sterilization," by Sister Harquail, R.N., surgical supervisor, Hotel Dieu Hospital, Campbellton; "The Governor—His Duty to the Hospital," M. E. Agar, M.L.A., president of the Board of Commissioners of the Saint John General Hospital, and "Preparation, Sterilization and Handling of Novocains and Cocaine," by Dr. S. R. D. Hewitt.

Dr. G. A. B. Addy, president of the Canadian Medical Association, gave an address prior to the luncheon interval.

The association members were invited to be guests of the Saint John General Hospital for luncheon.

Dr. Agnew conducted a round-table conference which opened the afternoon session. There was discussion regarding the importance of maintaining a suitable list of donors for blood transfusion—Methods adopted—Necessity for frequent checking-up.

What are some ways by which a hospital can save money justifiably?

How best can a Superintendent keep well informed and up-to-date on hospital administration practice?

What is the most acceptable method or methods of testing the efficiency of sterilizers?

What safeguards can a hospital adopt to distinguish between sterile and unsterile packages of dressings?

How can special charges or extras on patients' accounts be absorbed?

Should the hospital charge for the care of babies in the maternity department?

Can the hospital of less than 100 beds operate on a budget?



DR. S. R. D. HEWITT,  
Superintendent, Saint John General  
Hospital, and President, The New  
Brunswick Hospital Association.



What should be the ratio under average conditions of:

(a) Graduate nurse supervisors to patients?

(b) General Duty graduate nurses to patients.

(c) Student nurses to patients?

Some plan of health insurance for New Brunswick.

Care of open cases of T. B. who came to our hospital for other ailments.

Hospital Grants: Necessity of common system of records—such as private, semi-private, public, and semi-public patient days.

Hospital Act.

Hospital Sweepstakes.

The following papers were given in the afternoon session: "The Place of the X-ray Department in the Hospital," Dr. A. S. Kirkland, roentgenologist of the Saint John General Hospital; "Operation of a Diabetic Clinic," Dr. W. O. McDonald, physician-in-charge of the diabetic clinic, and Miss Helen Wetmore, dietitian of the Saint John General Hospital, and "The Importance of Hospital Aid Work," by Mrs. Ralph N. M. Robertson, president of the Women's Hospital Aid.

The session then adjourned to permit the physicians to attend the Canadian Medical Association picnic.

On the following day there were discussions and demonstrations conducted by Dr. MacEachern and Dr. Agnew in the operating theatre of St. Joseph's Hospital. The subjects dealt with include: Discussion of operating room management, with demonstration of detailed procedure in handling major operations; authority and responsibility of supervisor; sterilization of surgical dressings, instruments, utensils, and supplies; scrub-up technique; preanaesthetic examinations; pre-operative examination; anaesthesia; records; discussion and demonstration of handling supplies; purchasing; receiving; storing; distribution; exchange; economies; costs, by R. H. Gale, assistant superintendent, Saint John General Hospital; "Group Hospitalization," Dr. MacEachern; "The Physician's Duty to the Hospital," Dr. W. E. Rowley, consulting physician, Saint John General Hospital. Adjournment for inspection of Saint John General Hospital, and luncheon.

The closing session opened at 2 p.m. with "Admission of Patients" as the first topic. Miss Josephine Dever, admitting officer of the Saint John General Hospital, discussed admitting officer procedure, and Miss R. C. Wilson, accountant of the Moncton Hospital, gave her views

(Continued on page 25)



## Ste. Therese Hospital, Shawinigan Falls, is Directed by Grey Nuns of Ottawa

**I**T would seem as though foresight were a characteristic of the citizenry of Shawinigan Falls, P.Q., for although hospital facilities in that city were quite adequate in 1925, the probable future hospital requirements were given serious consideration by a group of public spirited men in that year. A committee was formed from among them on December 30th, 1925, and between that date and March 3rd, 1926, arrangements were made which culminated in the passing of a resolution authorizing a loan by-law and naming a deputation to approach the Provincial Government with a view to obtaining a grant covering fifty per cent of the cost of a new building, which at that time was computed to be \$250,000.

Thanks to the good work of Mr. J. A. Frigon, M.P.P., the deputation was successful. No time was then lost in drawing up an agreement with the Grey Nuns of Ottawa which, with a few changes, met with the approval of the City Council and the ratepayers. On July 13th, 1929, the agreement was signed, by which time sufficient guarantees had been obtained to enable the city to authorize work on a \$250,000 hospital.

Further study and drawing of plans indicated that \$350,000 would be required to build and equip a 75-bed hospital with an additional 25 beds for old people. The \$175,000 granted by the Government, together with \$25,000 from the Grey Nuns, was augmented by the ratepayers of Shawinigan Falls. On June 14th, 1930, the contracts were let to Albert Giguère Limited and Corriveau & Larochelle, plans having been drawn up by M. Jules Caron of Three Rivers. During the winter of 1930 it was seen that a further \$100,000 would be required to complete and equip the hospital. Of this amount, the Government gave

\$50,000 and the Grey Nuns and the ratepayers of the City \$25,000 each.

This new hospital, officially opened on November 15th, 1931, is under the capable direction of the Grey Nuns of Ottawa, whose experience in ministering to the sick dates back to the year 1845, when the Order was founded by Reverend Mother Bruyere, Sister Thibodeau and a group of devoted Sisters, the latter having received their religious and nursing training from the Sisters of Mother d'Youville at Montreal.

During the 87 years of its existence the Grey Nuns of Ottawa have founded several hospitals and charitable institutions, among which are the General Hospital, St. Charles Home for the Aged, St. Vincent Hospital for Incurables and St. Joseph's Orphanage, all in Ottawa; St. Joseph's Hospital at Mattawa, Ont., St. Joseph's Hospital at Sudbury, Ont., Notre Dame Hospital, Hawkesbury, Ont., Hôpital St. Joseph at Maniwaki, P.Q., Hôpital Ste. Famille at Ville-Marie, P.Q., Hôpital St. Michel at Buckingham, P.Q., the Grey Nuns Hospital at Noranda, P.Q., and shortly the Orphanage Home at Mont Laurier. At Lowell, Massachusetts, the Grey Nuns of Ottawa are in charge of St. Joseph's Hospital.

The new Ste. Thérèse Hospital covers an area of some 17,000 square feet. It is of brick and concrete construction and built in accordance with the latest ideas in hospital construction. It is fireproof throughout. There are 14 private rooms, 2, 4 and 6-bed semi-private wards and public wards.

The main entrance, an enclosed portico, is built entirely of stone. The interior walls are finished in plaster and

*(Continued on page 9)*



*Ste Thérèse Hospital, Shawinigan Falls, Quebec, presents an imposing appearance.*

## Columbia Coast Mission Hospital Serves Loggers and Fishermen on B.C. Coast

ONE of the most interesting events which have taken place in British Columbia in recent years was enacted at Pender Harbour on August 16th, 1930, when the new Columbia Coast Mission Hospital was officially opened by the Lieutenant-Governor R. Randolph Bruce, with Archdeacon F. C. Heathcote of Vancouver dedicating the institution. It was about 4.30 in the afternoon when the S.S. Princess Patricia steamed into Pender Harbour with the official party and others interested in the event on board. Among the party was the man who has made the new hospital possible, the Reverend John Antle, skipper of the Columbia Coast Mission. He is to the British Columbia coast what Grenfell is to Labrador.

When storms destroyed the floating hospital unit of the mission in January, 1930, as it was being towed to Pender Harbour from a more northerly location, Mr. Antle decided to replace it with a permanent structure on shore. Faced with the necessity for raising \$15,000 in order to erect the hospital, he opened a subscription list and canvassed personally all those who might make donations. In Victoria and Ottawa he asked the aid of the Provincial and Federal Governments respectively.

The wharf at which the boat bearing the official party docked was provided by the Dominion Government, as was a grant of \$3,000 from the Indian Department. The road and the retaining wall that lead up to the hospital were built through the generosity of the Provincial Government, which also made a donation of \$5,000 toward the erection of the building. The miniature hydro-electric plant and water supply was the result of the work of Messrs. A. D. Creer and F. Elwell, who conceived the idea of using the lake behind the site, where a 100 foot head was available for power purposes. This constitutes a source of income to the hospital, for residents of the district now find light and water power available. This is indicative of the genius of the Rev. Mr. Antle as an organizer and a keen business man.

Many of the residents of the district who turned out for the official opening had actually helped in the construction of the building, not only with cash donations, but with the work of their own hands. In the harbour were the Medical Mission Ship, "The Columbia," with its crew of young men who cover over 10,000 miles of territory searching for opportunities to lend medical aid, and "The Rendezvous" and "Fredna," also invaluable units of the Columbia Coast Mission.

The "John Antle," a converted yacht, will join the fleet in September of this year.

St. Mary's Hospital comprises twelve beds, two sun-flooded solariums, a maternity suite, nursery, operating room, X-ray and physical therapy department. Dr. A. B. Henderson is in charge of the hospital.

It is twenty-five years since the Reverend John Antle, then rector of a Vancouver church, decided that his greatest missionary endeavour could be done for the loggers and fishermen of the British Columbia Coast. Since that

time, his original boat has been replaced by "The Columbia" and "The Rendezvous," while three hospitals have been erected at various strategic points in the neighbourhood—St. Michael's Hospital at Rock Bay, St. Mary's Hospital at Pender Harbour, and St. George's Hospital at Alert Bay. A regular route has been inaugurated forming the figure eight, with Alert Bay as centre. About forty-five calls are made every two weeks, covering a distance of 650 miles or more. A radio telephone is ready to pick up a call for help, to take the boat miles off its course if necessary. A white flag waving from a prominence or a point of land is the indication for the floating hospital ship to nose its way into harbour.

### A Tribute to John Antle

In an editorial which appeared in the Vancouver Province some time ago there was a very touching and graphic description of the official opening. We quote it verbatim:

"They came ostensibly to the opening of the new hospital at Pender Harbour . . . and in fact they did open it with notable ceremony. . . . They stood in the open sunshine there and they sang the old hymn: 'At even ere the sun was set, the sick, O Lord, around Thee lay.'" The sun was sparkling on the tide, and the tune rose in the still air to the accompaniment of the craft of the late comers, put-putting in to the little wharf below the hill. They were opening the new hospital of the Columbia Coast Mission, His Honour from Government House, and loggers from the inlet camps, and fishermen from the river mouths, and Indians from the coast reservations for many miles. And they stood with bared heads in the pleasant afternoon sun, and they heard once more, as they might have heard when they were very young, the story of Matthew the Fisherman, how once there was brought a man sick of palsy, and was put in the way of Jesus the Nazarene, and how he was cured thereby.

"But what we really like to think about that meeting on the hill that runs down to Pender Harbour was that all those people had come there in token of their respect and affection for John Antle. For John Antle, in a real sense of service and achievement, is the Columbia Coast Mission. He is priest and doctor and commodore of the little mission fleet, and his parishioners look for his coming along the coast waterways of ten thousand miles. They know what his life has been for many a toilworn year among the scattered folk of the lonely coast fiords, and how all his comings have been errands of mercy. They know how he has stirred up government departments and officials, and got a wharf from one and a road from another, and how at last the fine new hospital stands on the hill at Pender Harbour, where it looks out upon the winding passage that comes among the hills from the sea.

"And so they stand in the sunshine, the friends of John Antle, of the Columbia Coast Mission, who had come to be there at the opening of his fine new hospital, as a token of their honour and their affection for him. . . ."

### **Varied Programme Arranged for Ontario Hospital Association Meeting**

An excellent programme is being arranged for the tenth annual convention of the Ontario Hospital Association, which will be held in the Royal York Hotel, Toronto, on October 25th, 26th, 27th.

While the programme has not been completed at the time of writing, we are pleased to be able to give the names of a few of the principal speakers, and some of the subjects to be discussed.

The opening address will be delivered by Hon. J. M. Robb, Minister of Health.

At the General Luncheon, the speaker will be Hon. Dr. H. A. Bruce, Lieutenant-Governor.

Dr. Harvey Agnew, secretary, Department of Hospital Service, Canadian Medical Association, will give a report of the meeting of the Canadian Hospital Council, to be held in Winnipeg.

The round table discussion will be conducted by Dr. M. T. MacEachern, American College of Surgeons.

The speaker at the annual banquet and dance in the Royal York Hotel will be Norman Sommerville, Esq.

Included in the addresses and papers to be read are the following:

"What the Superintendent Requires from an Accounting System." R. Easton Burns, C.A., and R. Fraser Armstrong, Superintendent General Hospital, Kingston.

"What the Hospitals Can Do for Mothers." Dr. Helen McMurchy.

"Diagnostic Chest Clinics in Relation to General Medicine." Dr. Clair Brink, Provincial Department of Health.

"How are the Hospitals Meeting Present Day Conditions?" Dr. Malcolm MacEachern, Director of Hospital Services, American College of Surgeons.

"Co-operation Between a Sanatorium and the Health Services of Two Counties." Dr. C. G. Shaver, Superintendent Niagara Peninsula Sanatorium, St. Catharines.

"From Training School to Graduate Staff," Miss C. Cleaver, Superintendent, General Hospital, Galt.

"Free Services Rendered by the Hospitals to other Organizations." Dr. W. J. Dobbie, Superintendent, Toronto Hospital for Consumptives, Weston, Ont.

The manufacturers' exhibits in the spacious convention hall will again be a feature of the convention. Desirable locations for booths are still available, and firms desiring particulars are requested to write to the Secretary, Ontario Hospital Association, Medical Arts Building, Toronto.

### **Gideons Place Bibles in Toronto General Hospital**

Two hundred and forty Bibles which the Gideons of Canada are placing in the Toronto General Hospital were dedicated at a ceremony held in the Concert Hall of the Royal York Hotel on June 18th, and formally presented to Chester J. Decker, superintendent of the hospital. This ceremony, which also celebrated the twenty-second anniversary of the Gideons in Canada, was attended by a gathering of between 400 and 500 people.

The placing of Bibles in hospitals is a recent development in the activities of the Gideons. Mr. Decker, in his address of acceptance, said he doubted that the Gideons

had ever placed Bibles where they would be read more devoutly. They would bring much comfort and peace of mind. The presentation was made by J. J. Burton, International Chaplain Emeritus, who expressed the hope that, not only patients, but visitors and members of the staff of the hospital would see God's will shine forth from these Bibles.

James H. Russell, Canadian Secretary, explained that even in a year of depression the activities of the Gideons had shown no cessation. There had been in the past year, a great extension of the work of placing Bibles in hospital rooms. He referred also to the foreign work of the Canadian Gideons in providing Bibles for Palestine, India, and Orient. Samuel R. Boggs, International Chaplain of Philadelphia, referred to instances of salvation acquired through the medium of Gideon Bibles, and declared that what the world needed was Christ.

The chairman, C. W. Stewart, International Vice-President, said that there was no finer place for the Bible than at the bedside of patients in the hospital.

### **Ste. Therese Hospital, Shawinigan Falls, is Directed by Grey Nuns of Ottawa**

*(Continued from page 7)*

tile, the ceilings throughout being of porous stucco, which has the property of deadening sound and insuring the utmost quiet for patients. The corridors are of marble tiling covered with battleship linoleum. The basement houses the various storerooms, refrigeration plant, incinerator and heating plant. There is elevator service to the basement and to the four floors above.

The emergency department is situated near the main entrance. Here also are the ward for infectious diseases, the various clinics, dispensary, laundry and kitchen. The kitchen is equipped with the latest time and labour saving devices and the most up-to-date utensils. The balance of this floor is taken up by the laboratory and the staff dining room. On the first floor are the offices of the Reverend Mother Superior, the waiting room, 11 private rooms, pharmacy, doctors' offices, private quarters for the chaplain, assembly room for the Sisters, the offices of the Superintendent, Sister St. Helen.

The X-Ray room, also on this floor, is equipped with the latest Victor X-ray and Physical Therapy equipment, some of which is portable. The equipment includes apparatus for the treatment of pulmonary diseases, for ultra violet and infra red treatment, for diathermy, etc. This department is under the direction of Dr. J. M. Perron.

The furniture of all the rooms is of all steel construction, and is finished in shades of green, ivory, mahogany and rose. The rooms are all spacious, light and airy; they have hot and cold running water, clothes closets, medicine cabinets and telephones. At both ends of the corridors are spacious solariums with Vita glass windows.

On the second floor are the chapel with accommodation for 125 people; the operating rooms with the most up-to-date equipment obtainable; the men's wards and quarters for old men. A large smoking room is provided on this floor for the use of the latter. On the third floor are wards and the obstetrical department, the nursery, and rooms for old women. On the roof is a large solarium where a splendid view of the river and the surrounding country may be obtained.



## Current Number of Nosokomeion Contains Reports of 3rd Congress

The second number of Nosokomeion, 1933, which contains 302 pages, comprises the reports and proposals of the 3rd International Hospital Congress, mostly in 5 languages. The volume opens with an introduction by the President of the Association, Dr. Sand, of Paris, and a synopsis of the membership of the Association and its Study Committees.

Among the Study Committees will be found first that of the Building Committee (Distel-Hamburg), which is a second report supplementary to the proposals of the Vienna Congress, and deals with a large number of important questions in the construction and building problems of the hospital. The English sub-committee (Elcock-London) of the Building Committee, enlarges these very valuable proposals on parallel lines.

The Committee for Equipment and Technique (Wirth-Frankfurt a.M.) through Koenings'-s-Gravenhage reports on the storage problem in the hospital.

The Committee for Administration and Housekeeping (Gouachon-Lyon) sets out 10 main theses for discussion. These emphasize strongly the importance of a health policy and the duties of administration.

The Finance Committee (Stone-Birmingham) brings forward a very excellent interim report, which gives 8 precise proposals for the introduction of a uniform system of accountancy.

The Judicial Committee (Merckx-Brussels) through Memelsdorff-Berlin, deals with 7 fundamental legal problems of the hospital in 4 resolutions, which at the same time bring the importance of the health policy of the hospital into the foreground.

The Study Committee for Hospital Services (Alter-Buchschlag) formulates firstly 14 fundamental terms of reference concerning the activities of the hospital and its place in the health service. On this follow reports of the Sub-committees, viz., the Hospital as Centre of the Health Work of the District (Gruschka-Aussig); the cubic space required for its work (Frey-Bern and Setz-Vienna); the hygienic requirements of the hospital (Dujarric-Paris); the general conditions of medical activity (Hekman-Rotterdam); epidemiological and preventive duties of the hospital (Parisot-Nancy); the importance and inclusion of psychiatry and neurology within the general work of the hospital (Heldt-Detroit and Lewy-Berlin).

The Sub-committee for Children's work in the Hospital has contributed a whole series of valuable reports (Langstein, Berlin) the "10 commandments of the Children's Hospital" (Eckstein-Dusseldorf), these are followed by discussions and proposals for preventing infection (Engel-Dortmund, Lichtenstein-Stockholm) for diet-kitchens for infants (Epstein, Prag) and for older children (Franconi-Zurich and Wagner-Vienna). Questions of upbringing and chronic diseases in children are dealt with by Benjamin-Ebenhausen.

The Sub-committee for Stomatology (Szabo-Budapest) has laid down and formulated fundamental principles for stomatological work in the hospital.

The Sub-committee for Physical Therapy (Iredell-London) represents the view that there should be physical

and therapeutic departments attached to every kind of hospital.

The Sub-committee for Internal Medicine (Lichtwitz-Berlin) has put down 10 propositions for discussion.

The Sub-committee on nursing (Miss Reimann-Genève) has put down a series of terms of reference of the greatest importance for the practice of nursing in the hospital.

The Sub-committee for Welfare Service (Cabot-Boston) gives a complete survey on the facts and requirements of this field of labour.

The Sub-committee for Hospital Libraries (Roberts-London) deals with the organization, personnel, publicity, the choice and with special emphasis the needs of mental hospitals in this matter.

The Sub-committee for Religious Work (Prelate Kreutz-Freiburg) brings forward in detail the well tried recommendations necessary for the care of souls in the hospital.

The Study Committee on Hospital Diet (Soos-Budapest) in 4 guiding principles pleads for a strongly individualized system of diet free from routine regulations.

The Study Committee for Staff Conditions (v. Deschwanden-Lucerne) after a survey of its whole field of labour, deals with continuation classes and welfare work.

Following on the Reports of the Study Committees, which show international co-operation in the best sense of the word, there follow contributions for "International Discussion" on a systematic questionnaire of the Polish Hospital Association drawn up by Borawski-Warsaw and a programme of the British Corporation of Certified Secretaries by Drysdale-Preston.

This number is a very impressive announcement on the utility of international co-operation in Hospital Work.

## Impressive Opening Ceremony at Charlottetown's New Hospital

Delightful summer weather favored the formal opening ceremonies at the new Prince Edward Hospital, Charlottetown, on July 4th, where, at a flag decked platform on the lawn east of the new building, an inspiring programme was given. The various addresses and other features were heard with the utmost interest by upward of fifteen hundred people, representative of all sections of the Province, who had gathered on the grounds for the occasion.

The function, which was jointly presided over by Mr. James Paton and Dr. J. A. Clark, opened with the hymn "O God Our Help in Ages Past," sung by a combined city choir and audience under the direction of Mr. Mason B. MacKay. Opening remarks by Mr. Paton, and prayer, led by Dr. Clark, were followed by addresses by Hon. W. J. P. MacMillan, M.D., Minister of Health and Acting Premier, Hon. W. M. Lea, His Worship Mayor Stewart, Mr. C. R. Rogers, representing the trustee board of the Prince County Hospital, Rev. A. J. MacIntyre and Dr. J. D. McGuigan, representatives of the Charlottetown Hospital, Mr. W. F. Tidmarsh, chairman of the 1930 Hospital campaign; Mr. Charles F. Neergaard, the Hospital Consultant, New York; Dr. G. Harvey Agnew, secretary

(Continued on page 12)



# For Unstable Digestions



**M**ATERNITY cases, patients undergoing abdominal operations, and a variety of other cases often require extra nourishment in a form light and easily assimilable. Ample clinical evidence shows that Ovaltine has properties of special value for the dietary of these cases:

As an aid to the digestion of starchy foods, Ovaltine is important on account of its high diastasic power, as determined by the Lintner method.

The malt extract in Ovaltine is found to have the property of modifying the casein clot formed in the stomach from the milk with which Ovaltine is served, converting it into a light, flaky, easily digested curd.

Ovaltine is particularly rich in the appetite-producing vitamin B.

Notable among the constituents of Ovaltine is calcium. It is increasingly recognized that a proper calcium metabolism is necessary to avoid nerve irritation.

Phosphorus, too, is supplied by Ovaltine in abundance and in its easily assimilated form of **lecithin**.

Finally, the flavour of Ovaltine is so agreeable that it can be taken under most circumstances and for prolonged periods without any distaste arising.

Hospitals may order Ovaltine in quantity from

# 'OVALTINE'

## The Supreme Food Beverage

Manufactured by

**A. WANDER LIMITED**

Elmwood Park

Peterborough, Ont.

This offer is limited to physicians, nurses and hospital officials.

A. Wander Limited,  
Elmwood Park, Peterboro, Ontario. Dept. C.H.

Please send me a sample of Ovaltine and one of your booklets about it.

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### Ethylene—Carbon Dioxide

CO<sub>2</sub>-OXYGEN MIXTURES  
ANAESTHETIC APPLIANCES

All Sizes of Cylinders  
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— a food

# VI-TONE is both!

This well-flavoured food gives immediate refreshment and a goodly supply of body-building elements. It's made from the Soya Bean with malt and milk added, then flavoured with chocolate.



THE VI-TONE CO.

Hamilton, Ont.

## The Development of Hospitals in Canada

“D R. J. J. HEAGERTY, D.P.H., at a meeting in Winnipeg in 1930, gave some very interesting information regarding Canada's oldest hospitals. The following excerpt is from Dr. Heagerty's paper:

“Quickly following the establishment of the Hotel-Dieu of Quebec in 1639, there appeared l'Hotel-Dieu of Made-moiselle Mance at Montreal in 1644; the St. Jean de Dieu at Fort Royal (Annapolis), the date of the foundation of which is unknown, but which was one of the very earliest hospitals of the country; L'Hopital General of Quebec, 1693; L'Hopital General of Montreal, 1694; the Hotel-Dieu at Three Rivers, founded in 1697; the Hopital du Roi at Fort Louisbourg, founded apparently in 1724, although the year 1716 is also given as the date of origin, by five lay-brothers of the Society of St. Jean de Dieu, who acted as superior, surgeon, dispenser, nurse and chaplain, respectively. Next in order of their foundation came the Montreal General, 1818; Toronto General, 1820; Marine Hospital, Quebec, 1830; General Hospital, St. Boniface, 1844; General Public, St. John, N.B., 1860; Victoria General, Halifax, 1867; Winnipeg General, 1872; Notre Dame, Montreal, 1880; Vancouver General, 1886; Royal Jubilee, Victoria, 1887; Calgary General, 1890; Royal Victoria, Montreal, 1894; Edmonton General, 1895; Regina General, 1907; and a host of others too numerous to be mentioned. Thus, the creation of hospitals kept pace with the development of the country, and there are now to be found hospitals in every city and town of any size from coast to coast.”

## Impressive Ceremony at Charlottetown

(Continued from page 10)

of the Department of Hospital Service, Canadian Medical Association, and Mr. James Govan, architect.

On the platform were seated representatives of the Provincial Government, the Senate and House of Commons, the Legislature and City Council, as well as members of the clergy, the medical profession, trustee board, the nursing staffs of the three provincial hospitals, the City Council, School Board, Ladies' Aid Society, the Wohelo Club and other institutions.

Owing to an unfortunate accident, His Honour Lieutenant-Governor Dalton, was unable to be present, but his good wishes for the occasion were presented by Hon. Dr. MacMillan.

A feature of the addresses was the highly commendatory remarks of Mr. Neergaard, New York, who is an internationally known authority on hospital construction, and Dr. Agnew, secretary of the Department of Hospital Service, both of whom stressed the unique advantages of the new Prince Edward Island Hospital.

After the formal programme, a procession took place to the main doors of the hospital, and during the latter part of the afternoon the institution was crowded with interested visitors.

[It is the intention of the editor of The Canadian Hospital to publish a detailed description of this magnificent hospital, with photographs, in an early issue.]

Please refer to THE CANADIAN HOSPITAL when writing







S U T U R E S   I N   A N C I E N T   S U R G E R Y



ASPASIA—though an almost legendary figure, was one of the most remarkable women in early medical history. She was an authority on obstetrics, gynecology, and the diseases of women, and is cited by authors of the fifth and sixth century, not only on these subjects but on certain branches of surgery. She employed the ligature in venesection and the suture for approximation of incised tissues and membranes.

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DAVIS & GECK INC.

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**E**MBODIES all the essentials of the perfect suture. Being impregnated with the double iodine compound, potassium-mercuric-iodide, it exerts a bactericidal action in the suture tract and supersedes the older unstable iodized catgut. Prepared in two varieties—Non-Boilable for those desiring the maximum of suture flexibility, and Boilable for those preferring to sterilize the exterior of tubes by boiling or autoclaving. Both varieties are heat sterilized.

### NON-BOILABLE VARIETY

| NO.                       | SUTURE LENGTH |  |
|---------------------------|---------------|--|
| 1405..PLAIN CATGUT.....   | approx. 5'    |  |
| 1425..10-DAY CHROMIC..... | " 5'          |  |
| 1445..20-DAY CHROMIC..... | " 5'          |  |
| 1485..40-DAY CHROMIC..... | " 5'          |  |

### BOILABLE VARIETY

|                           |            |
|---------------------------|------------|
| 1205..PLAIN CATGUT.....   | approx. 5' |
| 1225..10-DAY CHROMIC..... | " 5'       |
| 1245..20-DAY CHROMIC..... | " 5'       |
| 1285..40-DAY CHROMIC..... | " 5'       |

Sizes: 000 . . 00 . . 0 . . 1 . . 2 . . 3 . . 4

also 4-0 in non-boilable variety

Package of 12 tubes of a kind . . . . \$3.00

## Kal-dermic Skin Sutures

**A**NON-CAPILLARY, heat sterilized suture of unusual flexibility and strength. It is uniform in size, non-irritating, and of distinctive blue color. Boilable.

| NO.                            | SUTURE LENGTH | DOZEN  |
|--------------------------------|---------------|--------|
| 550..WITHOUT NEEDLE.....       | 120"          | \$3.00 |
| 954..WITH 1/2-CURVED NEEDLE... | 20"           | 2.40   |

Sizes: 000      00      0  
(FINE)      (MEDIUM)      (COARSE)

|                          |     |      |
|--------------------------|-----|------|
| 852..WITHOUT NEEDLE..... | 40" | 1.50 |
|--------------------------|-----|------|

Sizes: 6-0 . . 4-0 . . 000 . . 00 . . 0

In packages of 12 tubes of a kind and size

## Kal-dermic Tension Sutures

**I**DENTICAL in all respects to Kal-dermic skin sutures but larger in size.

| NO.                      | SUTURE LENGTH | DOZEN  |
|--------------------------|---------------|--------|
| 555..WITHOUT NEEDLE..... | 60"           | \$3.00 |
| 855..WITHOUT NEEDLE..... | 20"           | 1.50   |

Sizes: 1      2      3  
(FINE)      (MEDIUM)      (COARSE)

In packages of 12 tubes of a kind and size

## Intestinal Sutures

**K**ALMERID plain or chromic catgut with Atraumatic needles integrally affixed. For gastro-intestinal work and membranes where minimized trauma is desired.

EXCEPTIONAL STRENGTH HERE

### NON-BOILABLE VARIETY

#### Plain Catgut:

| NO.                                | SUTURE LENGTH | DOZEN  |
|------------------------------------|---------------|--------|
| 1501..STRAIGHT NEEDLE.....         | 28"           | \$3.00 |
| 1503..3/8-CIRCLE NEEDLE.....       | 28"           | 3.60   |
| 1504..SMALL 1/2-CIRCLE NEEDLE* 28" |               | 3.60   |
| 1505..1/2-CIRCLE NEEDLE.....       | 28"           | 3.60   |

#### 20-Day Chromic:

|                                    |     |        |
|------------------------------------|-----|--------|
| 1541..STRAIGHT NEEDLE.....         | 28" | \$3.00 |
| 1542..TWO STRAIGHT NEEDLES...      | 36" | 3.60   |
| 1543..3/8-CIRCLE NEEDLE.....       | 28" | 3.60   |
| 1544..SMALL 1/2-CIRCLE NEEDLE* 28" |     | 3.60   |
| 1545..1/2-CIRCLE NEEDLE.....       | 28" | 3.60   |

### BOILABLE VARIETY

#### Plain Catgut:

|                                    |     |        |
|------------------------------------|-----|--------|
| 1301..STRAIGHT NEEDLE.....         | 28" | \$3.00 |
| 1303..3/8-CIRCLE NEEDLE.....       | 28" | 3.60   |
| 1304..SMALL 1/2-CIRCLE NEEDLE* 28" |     | 3.60   |
| 1305..1/2-CIRCLE NEEDLE.....       | 28" | 3.60   |

#### 20-Day Chromic:

|                                    |     |        |
|------------------------------------|-----|--------|
| 1341..STRAIGHT NEEDLE.....         | 28" | \$3.00 |
| 1342..TWO STRAIGHT NEEDLES...      | 36" | 3.60   |
| 1343..3/8-CIRCLE NEEDLE.....       | 28" | 3.60   |
| 1344..SMALL 1/2-CIRCLE NEEDLE* 28" |     | 3.60   |
| 1345..1/2-CIRCLE NEEDLE.....       | 28" | 3.60   |

Sizes: 00 . . 0 . . 1, except \*00 . . 0 only

In packages of 12 tubes of a kind and size

## Circumcision Sutures

**K**ALMERID plain catgut threaded on a small, full-curved eyed needle, or with an Atraumatic needle integrally affixed.

### NON-BOILABLE VARIETY

| NO.                             | SUTURE LENGTH | SIZES |
|---------------------------------|---------------|-------|
| 630..WITH EYED NEEDLE.....      | 28"           | 00, 0 |
| 635..WITH ATTRAUMATIC NEEDLE... | 28"           | 00, 0 |

### BOILABLE VARIETY

|                                 |     |       |
|---------------------------------|-----|-------|
| 600..WITH EYED NEEDLE.....      | 28" | 00, 0 |
| 605..WITH ATTRAUMATIC NEEDLE... | 28" | 00, 0 |

Package of 4 tubes \$1.00; per doz. \$3.00

### DISCOUNTS ON QUANTITIES

DAVIS & GECK, INC. • 217 DUFFIELD ST. • BROOKLYN, N.Y.

D&G Sutures are obtainable from responsible dealers everywhere; or direct, postpaid

## Obstetrical Sutures

**K**ALMERID 40-day catgut threaded on a large, full-curved eyed needle, or with an Atraumatic needle integrally affixed.

### NON-BOILABLE VARIETY

| NO.                              | SUTURE LENGTH | SIZES |
|----------------------------------|---------------|-------|
| 680..WITH EYED NEEDLE.....       | 28"           | 2, 3  |
| 685..WITH ATRAUMATIC NEEDLE..... | 28"           | 2, 3  |

### BOILABLE VARIETY

|  |     |      |
|--|-----|------|
| 650..WITH EYED NEEDLE.....                 | 28" | 2, 3 |
| 655..WITH ATRAUMATIC NEEDLE.....           | 28" | 2, 3 |
| Package of 3 tubes \$1.00; per doz. \$3.60 |     |      |

## Plastic, Eye, Nerve, and Artery Sutures

**W**ITH Atraumatic needles integrally affixed. Selection of material and size and shape of needles based on consensus of professional opinion in respective fields. Suture length 18 inches. Boilable.

### Plastic Sutures:

|   |  |
|---|--|
| 1651..3/8-CIRCLE NEEDLE ON 6-O KAL-DERMIC |  |
| 1655..1/2-CURVED NEEDLE ON 4-O KAL-DERMIC |  |
| 1658..1/2-CURVED NEEDLE ON 4-O BLACK SILK |  |

### Eye Sutures:

|   |  |
|---|--|
| 1661..1/2-CIRCLE NEEDLE ON 6-O BLACK SILK   |  |
| 1665..3/8-CIRCLE NEEDLE ON 4-O BLACK SILK   |  |
| 1667..3/8-CIRCLE NEEDLE ON 3-O PLAIN CATGUT |  |
| 1669..3/8-CIRCLE NEEDLE ON 3-O 10-DAY "     |  |

### Nerve Sutures:

|   |  |
|---|--|
| 1670..STRAIGHT NEEDLE ON 6-O BLACK SILK |  |
|---|--|

### Artery Sutures:

|   |  |
|---|--|
| 1675..STRAIGHT NEEDLE ON 6-O BLACK SILK     |  |
| 1678..1/2-CIRCLE NEEDLE ON 6-O BLACK SILK   |  |
| Package of 12 tubes of a kind. . . . \$3.60 |  |

## Kalmerid Kangaroo Tendons

**G**ERMICIDAL, being impregnated with potassium-mercuric-iodide. Chromicized to resist absorption in fascia or in tendon for approximately thirty days. The Non-Boilable variety is extremely flexible. Tendon lengths vary from 12 to 20 inches.

| NO.      |                      |
|----------|----------------------|
| 370..... | NON-BOILABLE VARIETY |
| 380..... | BOILABLE VARIETY     |

Sizes: 0 . 2 . 4 . 6 . 8 . 16 . 24

Package of 12 tubes of a kind. . . . \$3.00

### DISCOUNTS ON QUANTITIES

## Unabsorbable Sutures

### BOILABLE

| NO.   | SUTURE LENGTH | SIZES       |
|---|---------------|-------------|
| 350..CELLULOID-LINEN.....                   | 60"           | 000, 00, 0  |
| 360..HORSEHAIR.....                         | 168"          | 00          |
| 390..WHITE SILKWORM GUT..84"                |               | 00, 0, 1    |
| 400..BLACK SILKWORM GUT..84"                |               | 00, 0, 1    |
| 450..WHITE TWISTED SILK..60"                |               | 000 TO 3    |
| 460..BLACK TWISTED SILK.....                | 60"           | 000, 0, 2   |
| 480..WHITE BRAIDED SILK.....                | 60"           | 00, 0, 2, 4 |
| 490..BLACK BRAIDED SILK.....                | 60"           | 00, 1, 4    |
| Package of 12 tubes of a kind. . . . \$3.00 |               |             |

## Short Sutures for Minor Surgery

### NON-BOILABLE VARIETY

| NO.                             | SUTURE LENGTH | SIZES   |
|---------------------------------|---------------|---------|
| 702..PLAIN KALMERID CATGUT..20" |               | 00 TO 3 |
| 722..20-DAY KALMERID "          | 20"           | 00 TO 3 |
| 742..40-DAY KALMERID "          | 20"           | 00 TO 3 |

### BOILABLE VARIETY

|                                 |     |           |
|---------------------------------|-----|-----------|
| 802..PLAIN KALMERID CATGUT..20" |     | 00 TO 3   |
| 812..10-DAY KALMERID "          | 20" | 00 TO 3   |
| 822..20-DAY KALMERID "          | 20" | 00 TO 3   |
| 842..40-DAY KALMERID "          | 20" | 00 TO 3   |
| 862..HORSEHAIR .....            | 56" | 000, 00   |
| 872..WHITE SILKWORM GUT..28"    |     | 0         |
| 882..WHITE TWISTED SILK.....    | 20" | 000, 0, 2 |
| 892..UMBILICAL TAPE.....        | 24" | 1/8" WIDE |

Package of 12 tubes of a kind. . . . \$1.50

## Emergency Sutures

**T**HREADED on half-curved eyed needles with cutting edges for skin, muscle, or tendon. Boilable.

| NO.                             | SUTURE LENGTH | SIZES     |
|---------------------------------|---------------|-----------|
| 904..PLAIN KALMERID CATGUT..20" |               | 00 TO 3   |
| 914..10-DAY KALMERID "          | 20"           | 00 TO 3   |
| 924..20-DAY KALMERID "          | 20"           | 00 TO 3   |
| 964..HORSEHAIR.....             | 56"           | 00        |
| 974..WHITE SILKWORM GUT..28"    |               | 0         |
| 984..WHITE TWISTED SILK.....    | 20"           | 000, 0, 2 |

In packages of 12 tubes of a kind

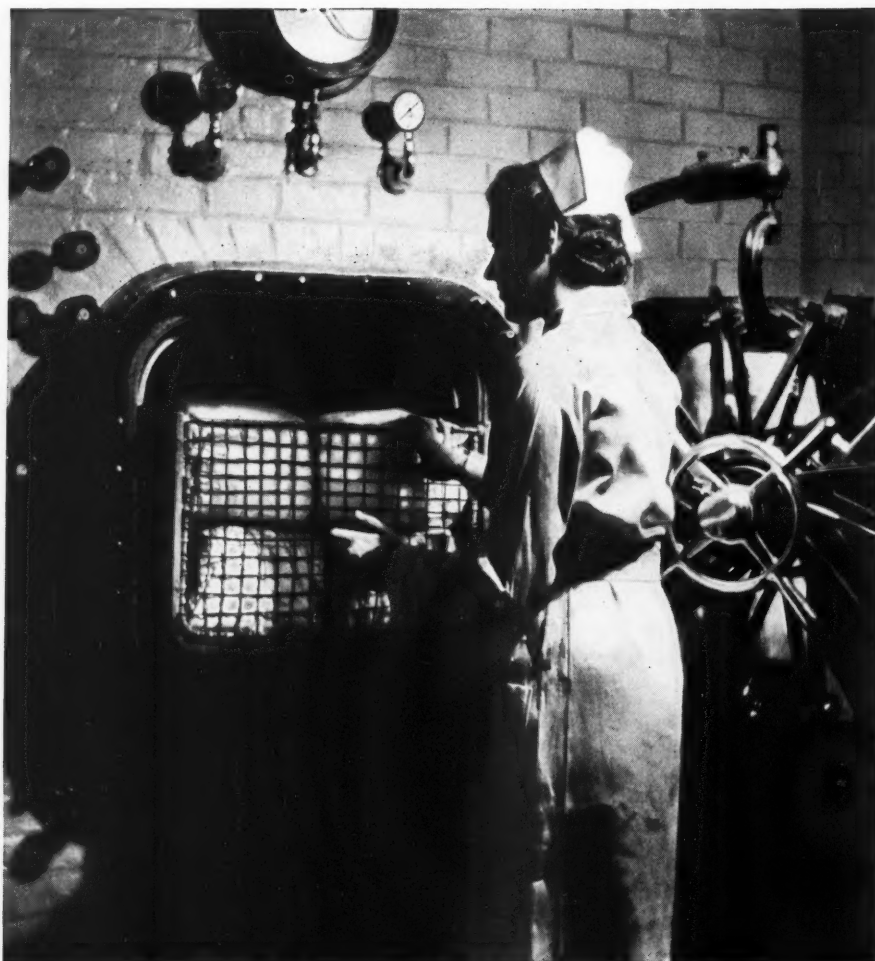
### Emergency Suture Assortment:

900..ASSORTED—CATGUT, SILK, HORSEHAIR  
AND KAL-DERMIC SKIN SUTURES

Package of 12 tubes. . . . \$2.40

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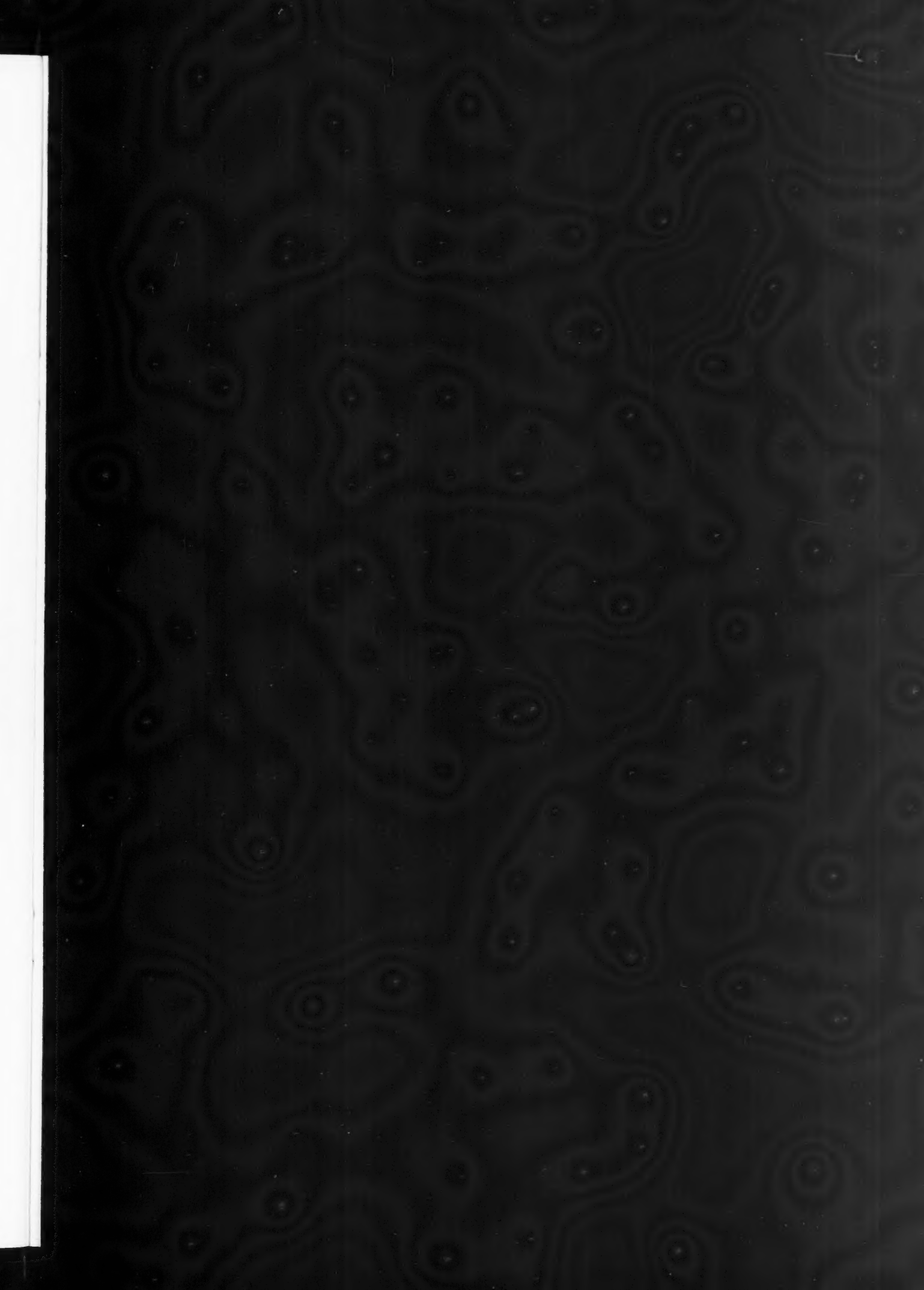
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**All D&G sutures are sterilized by heat. Heat sterilization is universally employed by hospitals because of its penetration and high safety factor. No other method is as dependable for the sterilization of surgical sutures.**

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## Jewish Hospital Building in Montreal, Nears Completion

The new Jewish General Hospital, at the intersection of Cote des Neiges and Cote St. Catherine Roads, Montreal, has been 85 per cent completed, at a cost of \$1,000,000, Michael Hirsch, chairman of the board of directors, announced recently. Laying recent rumors to rest, he said that work had not been stopped on the undertaking, but that the matter of furnishings and equipment was now being given attention. It is estimated that a sum of \$200,000 will be expended on surgical apparatus, hospital equipment, furniture, beddings, blankets, linens and cutlery within the next six months, when it is hoped to open the building to the public. The structure is seven storeys in height, with the centre portion built up an additional storey. It is a "T"-shaped building, imposing in its architecture.

Erected on elevated ground, the Jewish General Hospital affords a commanding view of the northern portion of the island of Montreal and the foothills of the Laurentian Mountains. Built of reinforced concrete, the exterior brick and limestone is ornamented with aluminum spandrels, which add to the beauty of the structure. It is entirely fireproof, having terra cotta partitions, metal door-frames, metal windows and casements being used in its construction.

The new Jewish General Hospital has four important functions, namely to alleviate the shortage of hospital accommodation in the city, to provide a place for sick and needy of Jewish faith and of other creeds and races, to provide the opportunity for the Jewish physician and medical student to advance in the science of their profession, and also to afford the Jewish girl the privilege of taking up the vocation of nursing, as well as to give the Jewish people the privilege of being cared for in their own institution and also obtain meals prepared in strict accordance with the Dietary Law.

The plans and specifications for the building were prepared by J. Cecil McDougall, A.R.I.B.A., architect, and C. Davis Goodman, associate architect, with Dr. S. S. Coldwater of New York, acting as consultant.

## Civitan Club Operates Camp for Crippled Children

Civitan Camp, situated in a ravine on the banks of the Rouge at Agincourt, Ont., and owned by George Porter, of the Toronto Harbour Commission, was officially opened for the season on July 5th, when 25 crippled children from the Toronto East General Hospital and other institutions were motored out for a prolonged stay by members of the Civitan Club, of Toronto. The opening ceremony was performed by Hon. W. H. Price, Attorney-General.

Prior to the opening of the camp, a luncheon was held in the King Edward Hotel, at which many speakers lauded the work of the Civitan Club in aiding crippled children. During the afternoon Mayor Stewart visited the camp and expressed his delight when conducted through the buildings and grounds.

Volunteer workers from the Toronto East General Hospital will supervise the camp.

## Important Announcement to Hospital Superintendents



You will be surprised at the superior wearing qualities and low price of our new

## STEREX Nursing Bottle Nipples

Write for Samples.

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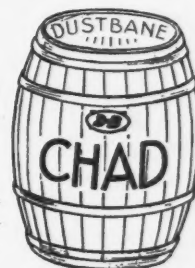
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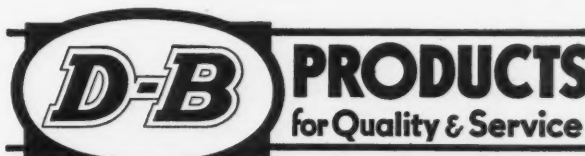
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CHAD cleans thoroughly because it loosens the grease that holds dirt down. Use CHAD for floors—hardwood, marble, rubber, tile, terrazzo or other surface. Use it for dishes—especially in dish-washing machines. Use it for painted surfaces—CHAD removes dirt film without scratching or dulling.

CHAD is an all-purpose cleaner, instantly soluble in water, harmless and sanitary. No suds, no sediment, no waste.



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*Published in the interests of Hospital Executives*

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Vol. 10

AUGUST, 1933

No. 8

## Canada's Hospital Statistics Are Revealed by Census

THE "Directory of the Hospitals in Canada," which has just been issued by the Dominion Bureau of Statistics, shows that in 1931 there were 893 hospitals in Canada, with a total capacity of 87,465 beds. This is at the rate of one bed for each 118 of the country's population.

Prince Edward Island has one bed for each 163 of its population; Nova Scotia, one bed for each 117; New Brunswick, one bed for each 158; Quebec, one bed for each 117; Ontario, one bed for each 117; Manitoba, one bed for each 121; Saskatchewan, one bed for each 143; Alberta, one bed for each 116, and British Columbia, one bed for each 84 of the general population. It will be seen that British Columbia's hospital accommodation was the highest in Canada, as on June 1st, 1931.

The number of hospital beds in each province at the end of the year 1931, were as follows: Prince Edward Island, 540; Nova Scotia, 4,373; New Brunswick, 2,586; Quebec, 24,558; Ontario, 29,222; Manitoba, 5,763; Saskatchewan, 6,443; Alberta, 6,303; British Columbia, 8,265, and Yukon and North-west Territories, 100.

General Public Hospitals had 36,810 beds, or 42 per cent of total bed capacity; Mental Hospitals, 30,297, or 34.6 per cent; Tuberculosis Hospitals, 5,879, or 6.7 per cent; Dominion Hospitals, 4,460, or 5.0 per cent; Hospitals for Incurables, 4,212, or 4.8 per cent, and Isolation Hospitals, 1,683, or 2 per cent.

Ontario leads in medical care of her pioneers in new areas. In Northern Ontario there were 24 Red Cross hospitals and outposts. Manitoba has five of them, Saskatchewan thirteen and British Columbia two.

The western provinces are strongest in private maternity

hospitals. Quebec has six of these, Ontario five, Manitoba none, but Saskatchewan has sixteen, Alberta twenty-four and British Columbia seven.

The struggle against sickness has been carried into the sub-Arctic and the Arctic. There are general public hospitals at Pangnirtung in the eastern Arctic, Great Slave Lake, Fort Smith and Fort Simpson on the Mackenzie river route to the western Arctic, and two hospitals at Aklavik, on the edge of Beaufort Sea.

There are also general public hospitals at Dawson, Mayo and Whitehorse, in the Yukon.

Canada's hospitals are, on the whole, efficiently equipped, and capably managed, while our medical and nursing services compare favourably with those of any country in the world.

Hospitalization is being extended to keep pace with the country's progress, and after a period of comparative inactivity during the past few years, we look forward to a new era of well-planned development.



## The Royal Commission Expresses Its Views on Sweepstakes

THE Royal Commission that was named by the British Government to inquire into the existing law and the practice thereunder relating to lotteries, and kindred matters, and to recommend what changes, if any, are desirable and practicable, has completed a very large undertaking. Its final report has now been printed and the Government authorities have issued it from the Stationery Office at Whitehall at a charge of three shillings.

At a time when sweepstakes appear to have been accorded favour by Canadians in various parts of the country, especially as a means of raising money for hospitals, the findings of the commission merit more than passing interest. We find this as part of the conclusion reached:

"It may be questioned whether, in the long run, voluntary hospitals in this country would benefit by participating in the proceeds of lotteries.

"The total receipts of 1,014 British hospitals for the year 1930 were over £15,500,000. On the basis that one-fifth of the total subscription to a lottery were handed over to the hospitals, it is clear that, unless the total subscription amounted to a very large sum, the net proceeds would not be a very material factor in hospital finance.

"The falling off of voluntary subscriptions to hospitals in Ireland has been very marked, amounting in some cases to fifty per cent, and so far as concerns current receipts and expenditure several Irish hospitals appear to be financially embarrassed to-day.

"In our view, it is essential that the sale in this country of tickets in lotteries promoted outside Great Britain should remain prohibited, and that the prohibition should be made as effective as possible."

Lotteries, once sanctioned by law, were abandoned in England when more assured resources of public income became available, and the State is not likely to embark on such an adventure again, especially in view of the commission's emphatically expressed doubt whether, in the long run, voluntary hospitals in Britain would benefit by participating in the proceeds of lotteries.



### The Conventions Offer a Vast Fund of Information

ONE need only peruse the programme of the average hospital association convention to be convinced of the tremendous value of these meetings to hospital people.

We have before us a programme which gives nineteen major subjects to be discussed, besides the numerous topics included in round table discussions, demonstrations and general addresses.

While attendances are no doubt fairly satisfactory in the majority of cases, one wonders how any hospital worker can conscientiously absent him or herself from these meetings if it is at all possible to attend.

Whether one is a superintendent, a superintendent of nurses, a purchasing agent, a nurse or any one of the minor employees in a hospital, the opportunities for enlarging one's knowledge of the work connected with his department are almost unlimited.

As a follow-up of these conventions we would refer to the scores of papers which have been read at conventions and later published in the hospital magazines of the continent—papers which reflect the most serious thought on every phase of hospital work, and which are available through these magazines at a comparatively insignificant cost.

By all means attend the hospital association convention in your province, the A. H. A. too, if possible, and also read the hospital journals.



### The "Log of the Columbia" is Colorful Publication

WE have just received from the Columbia Coast Mission a copy of "The Log of the Columbia."

This bright and breezy little magazine derives its title from the hospital ship "Columbia," which serves the British Columbia coast hospitals at Alert Bay, Rock Bay and Pender Harbour.

The Columbia is equipped with wireless, as are the above named hospitals, and it provides hospital service and transportation between these coast hospitals.

A new vessel for the coast service, the yacht "Syrene," renamed the "John Antle"—in honour of Rev. John Antle, the skipper of the Columbia Coast Mission—has been presented to the mission by old country admirers, and is to be maintained by them. It was launched with colourful ceremony at the naval dockyard, Gibraltar, on May 2nd. It is expected that this very welcome addition to the facilities of the Coast Mission will arrive at Vancouver early in September.

The arrival of the "Log of the Columbia" in our office called to mind a story of the Coast Mission which we have had on file for some time. We are pleased to publish this on another page of this issue.

*Small service is true service while it lasts:*

*Of humblest friends, bright creature! scorn not one;*

*The daisy, by the shadow that it casts,*

*Protects the lingering dew-drop from the sun.*

—Wordsworth.

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## News of Hospitals and Staffs

*A Condensed Monthly Summary of Hospital Activities,  
and Personal News of Hospital Workers*

BRAMPTON, ONT.—An inspection ceremony to open the new wing of Peel Memorial Hospital was held on June 24th, with the board of governors and the women's auxiliary of the hospital as hosts and hostesses. (Further details on another page of this issue.)

\* \* \*

BRANDON, MAN.—The closing of the medical building and the nurses' home, reductions in staff and in wages and many other recommendations tending to effect a more economical operation of the General Hospital have been approved by the board of directors. The recommendations are in force and will have the effect of putting the institution in a position which will not impair services, but which will enable it to face serious financial problems with confidence.

The staff at the hospital is reduced to 74, which with part-time work is equal to 72. Thirty-nine of this number are student nurses. The superintendent is authorized to take on ten new probationers, five now and five in the fall.

*Dr. Duncan Graham, Toronto, who addressed in July, the first graduating class of the Toronto General Hospital's School of Dietetics.*



BRUSSELS.—Miss Jean Gunn, of Toronto General Hospital, was elected second vice-president of the International Council of Nurses at the close of its annual convention here. Miss Lloyd Still, of England, has been chosen president.

\* \* \*

CALGARY, ALTA.—Matron of Colonel Belcher Hospital since 1918, Miss Edith May Allison, R.N., died at the institution on July 10th. She had been ill for some time. Miss Allison had been matron of the hospital since her return from overseas, where she had served as a nurse, in 1918.

\* \* \*

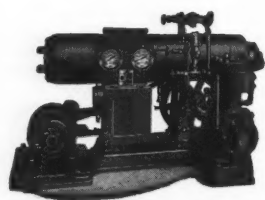
CALGARY, ALTA.—Dr. W. H. McGuffin, radiologist at the General Hospital, has severed his connection with the hospital.

Dr. McGuffin had been connected with the hospital for the past 11 years, as radiologist, and in that period had been secretary of the board. Since the inception of the board's cancer committee two years ago he had been chairman.

Dr. A. W. Scott, president of the board last year, was elected secretary, succeeding Dr. McGuffin.

\* \* \*

COBOURG, ONT.—Within the past few weeks, the X-ray plant at the General Hospital has been completely over-



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hauled, re-installed and additional equipment has been added, to bring the plant up to present-day standards.

\* \* \*

EDMONTON, ALTA.—Dr. Edgar W. Allin, one of the Dominion's outstanding physicians and surgeons, died suddenly of a heart attack on July 15th. He was 57 years old.

\* \* \*

GLACE BAY, N.S.—The splendid new staff residence which was completed recently for St. Joseph's Hospital, is now being occupied and is proving a boon to the personnel of Glace Bay's oldest and largest institution, and reflects great credit upon the superintendent, Rev. Sister Mary Rita, and the Board of Directors.

\* \* \*

INGERSOLL, ONT.—Ethel Beavely, former supervisor of nurses at Wellesley Hospital, Toronto, died on July 3rd at the age of 49. Her death occurred at her Thamesford home, following a lengthy illness. A graduate of Victoria Hospital, London, Miss Beavely was well known both in that city and Toronto.

\* \* \*

LONDON, ONT.—Mr. A. E. Silverwood, a member of the Victoria Hospital Trust, has donated a fully equipped ambulance to the hospital.

\* \* \*

LONDON, ONT.—Advice has been received from the department of pensions and national health, Ottawa, cancelling the retirement of Dr. Logan H. Towers and Dr. L. H. Douglass from the medical staff of Westminster Hospital.

Dr. Towers and Dr. Douglass will continue their duties as medical officers.

\* \* \*

LONDON, ONT.—The plan for the cancer clinic has received the approval of Victoria hospital trust, the university authorities and the city council, and now only awaits the endorsement of the government at Toronto, which is considered certain to become effective. There seems to be no reason why construction work should not be started later in the present year.

The proposed building, the estimated cost of which is \$105,000, will combine the cancer institute and the Meek memorial laboratory, and the equipment will amount to about \$135,000. The building will also accommodate the X-ray and out-patients' departments.

\* \* \*

MONTREAL, QUE.—A new issue of \$185,000, 4½ per cent., 20-year debentures of the Verdun Protestant Hospital was offered this week by Hanson Bros. Inc.

The bonds, offered at par, are dated June 1, 1933, and are guaranteed unconditionally as to principal and interest by the province of Quebec.

\* \* \*

MONTREAL, QUE.—Reference to the successful efforts made by the nursing profession of Canada to save the McGill School for Graduate Nurses by collecting enough money to keep the institution open for at least another

(Continued on next page)

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## News of Hospitals and Staffs

(Continued from preceding page)

year and by securing pledges over a five-year period to the amount of \$12,000 is made in the July issue of *The Canadian Nurse*, official organ of the Canadian Nurses' Association.

\* \* \*

MONTREAL, QUE.—The \$150,000 grant requested by the Verdun General Hospital will be given if the Sisters of the Providence now in charge are given complete control of the institution, Mayor Herve Ferland has announced.

Ald. H. J. Garrity and Mayor Ferland met hospital officials and discussed the prospect of the sisters assuming complete control. If officials are willing to relinquish their authority and if the Provincial Government approves of the plan, the city will contribute \$150,000 to the institution over a period of years.

\* \* \*

MONTREAL, QUE.—Announcement is made that St. Mary's Memorial Hospital, of Montreal, has sold an issue of \$350,000, 5 per cent. bonds, payable annually March 1, 1934, to March 1, 1953, to L. J. Beaubien & Co. and Gairdner & Co. at \$97.57.

The bonds are dated March 1, 1933, and the 1934 and 1935 maturities are being offered at \$100.50. The 1936 to 1953 maturities are being offered at par.

The bonds are fully subsidized by the province of Quebec, and the proceeds from the new issue will be used in part to meet the cost of building and furnishing the hospital valued at over \$1,000,000.

\* \* \*

ORILLIA, ONT.—Miss Hazel I. Cave, Beaverton, Ont., has been appointed superintendent of the Soldiers Memorial Hospital, taking the place of Miss E. Johnston, who resigned this spring. Miss Cave assumed her new duties on July 1.

Miss Cave trained at the Toronto General Hospital, later taking a course at the McGill University Post Graduate School for Nurses. For several years she held positions as superintendent of hospitals in the United States.

\* \* \*

ST. CATHARINES, ONT.—Dr. John B. Ewing, formerly of Westport, who has been a member of the house staff of the Western Hospital in Toronto, has now accepted appointment as senior resident in surgery at the St. Catharines General Hospital.

\* \* \*

TORONTO, ONT.—A grant of \$40,000 for permanent improvements at the Hospital for Sick Children was authorized for payment by the Board of Control on July 5th.

\* \* \*

TORONTO, ONT.—June was the busiest month Grace division of Western Hospital has had in its history. With a strained capacity of 152 beds, there were 157 patients accommodated during the month with the use of extra beds.

TORONTO, ONT.—A Canadian, in the person of Dr. Stuart Pritchard, graduate of the University of Toronto, was elected president of the National Tuberculosis Association of the United States, at their recent meeting in the Royal York Hotel. He is now medical director of the W. K. Kellogg Institute.

\* \* \*

TORONTO, ONT.—The Bolton camp, operated by the Neighbourhood Workers' Association, is now in its 12th year. During the summer 6,000 mothers and children, many of them from the chest and heart clinic of the Hospital for Sick Children, will journey to the camp for a month's vacation.

\* \* \*

TORONTO, ONT.—A corporation has been formed under the name of South York Hospital Limited, to carry on in all its branches the business of a general hospital. It will have a capital of forty thousand dollars divided into four thousand shares of ten dollars each. Its head office will be in the City of Toronto. Its provisional directors are Frederick Russell Kirkham, George Adam, Fred Green Worts, William Donnelly and Walter Saunders.

\* \* \*

TORONTO, ONT.—The Orthopedic Hospital building, located at 100 Bloor St. W., has been leased to Mrs. Margaret Smith for use as a private nursing home.

Henceforth the building will be known as the Parkside Hospital and will be operated along the same lines as the hospital on Parkside Drive, so successfully managed by Mrs. Smith. There will be accommodation for 51 patients in the building.

\* \* \*

WINGHAM, ONT.—An X-ray machine has been purchased and placed in the Wingham General Hospital. The Chamber of Commerce, which has been working on an X-ray fund for several years, was responsible for securing the much-needed equipment. The hospital, which is well-equipped in every other way, was lacking this important equipment, which meant a loss in revenue, due to the fact that cases requiring X-ray had to be taken to other hospitals.

\* \* \*

WINNIPEG, MAN.—Dr. J. A. Bildfell, graduate of Manitoba Medical College, has been appointed medical officer for the hospital at Pangnirtung, Baffin Land. He will be there for two years.

\* \* \*

WINNIPEG, MAN.—James M. Cosgrave, who for more than 40 years has been closely identified with the administration of the Winnipeg General Hospital, and who through this long period has enjoyed the esteem and affection of physicians and others identified with the institution, has now withdrawn from the service, and hopes to spend the balance of his life in this city, in comparative retirement.

\* \* \*

WOODSTOCK, ONT.—Dr. E. J. Young has been appointed to the medical staff of Ontario Hospital here, and has reported for duty. He has not hitherto been on the provincial staff, but has spent the past year at Hamilton General Hospital.



## Hospital Aid News

*"Doubtless the home is woman's sphere, but the home includes all that pertains to it: city, politics and taxes, laws relating to the protection of unions, municipal rottenness which may corrupt children; schools, playgrounds and museums which educate them."—Hecker.*



Mrs. O. W. Rhynas, Burlington, Ont., President of the Ontario United Hospital Aids Association.

BRAMPTON, ONT.—Peel Memorial Hospital held open hospital on June 24th, when the Women's Hospital Aid assisted in receiving and entertaining guests during the afternoon.

\* \* \*

CHATHAM, ONT.—The Assisting Society launched a new venture recently. A small dining room has been furnished in the hospital, and is being conducted by the members, in co-operation with Miss Campbell, the Superintendent. This room meets a real need, as relatives of patients coming to the hospital find it a great comfort and convenience to get lunch or a cup of tea and have a friendly chat with members of the Hospital Aid during the sometimes long and anxious hours of waiting. A Samaritan Cupboard has also been established at the hospital. This cupboard is stocked with clothing for both young and old who are about to leave the public wards, and who are without sufficient funds to provide the necessary clothing for their comfort. This would seem a worthy contribution.

A new transformer for the X-ray room, costing \$1,500.00 is being purchased by the Aid. A purse of gold was presented to Miss Priscilla Campbell, R.N., Superintendent of the General Hospital, on the eve of her departure to attend the I.C.N. at France, by the Women's Hospital Aids of Chatham.

FERGUS, ONT.—On April 28th, 1933, a Women's Hospital Aid was formed at Fergus, through the efforts of the Provincial President. Since that time three hundred members have been enrolled and much progress has been made. We extend congratulations and good wishes to this new group of Aid members. Mr. and Mrs. J. Welsh extended hospitality to the citizens of Fergus, under the auspices of the Women's Hospital Aid, when their beautiful grounds were enjoyed at a hostess tea, in aid of the hospital.

\* \* \*

### Women's Hospital Auxiliary Participate in Opening of New Wing at Brampton

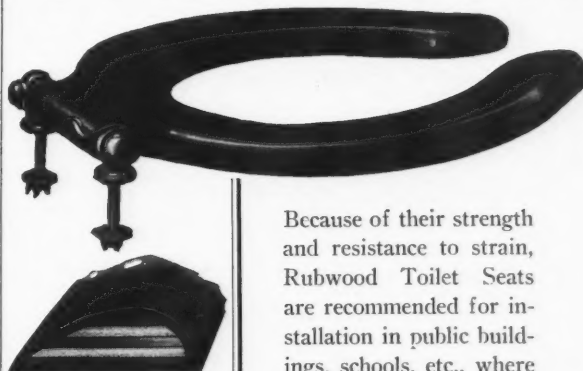
WHEN some eight years ago, a number of men and women, with faith as their greatest asset, opened the doors of Peel Memorial Hospital to the sick and suffering of the surrounding country as a memorial to the men who gave their lives in the Great War, it is doubtful if they could have imagined the celebration which took place on June 24, 1933.

Five years ago the hospital was enlarged to meet the growing demands made upon it, but that only sufficed for a few years. During 1932 the situation became more acute and when a bequest was received the Hospital Board felt that the time had arrived to make forward steps in the hospital rather than carry along and simply put the money in the bank till more would accumulate.

Considerable time had already been spent by many

(Continued on next page)

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MONTREAL

**Hospital Aid News***(Continued from preceding page)*

people in studying the equipment and building of other hospitals in order to be prepared to make the money go as far as possible and secure the very best results for the expenditure.

June 24th, 1933, saw the first materialization of the dream long entertained, that of a new wing for the old building, when the first floor of this projected wing was thrown open for public inspection.

The hospital stands in its own grounds, consisting of some fourteen acres, and is approached by two drives each lined by evergreens, with well kept lawns and flower beds on each side. The impression given is that of a comfortable old family residence, which the original building was, and so counteracts at the outset the hospital atmosphere usually expected.

The first floor of the old building houses the business office, men's ward and semi-private ward with service room attached. To the right of the entrance, on the left, are found two private rooms, one two-bed semi-private and one three-bed semi-private for obstetrics, with attached service rooms.

The second floor comprises the women's wards, a semi-private ward and three private rooms, the operating room, sterilizing room, doctors' scrub-up room and two service rooms, one at the end of each hall. A small kitchenette with electric stove, etc., comprises this floor.

The third floor houses a few of the employees who sleep in, provides two small bathrooms, a sewing room, a linen room for reserve linen, and a dressing room for special nurses.

The new building is entered by a hallway from the old part, slightly ramped to lessen the ceiling height of the new wing. There is provision made for a fireproof stairway and elevator immediately on entering, and to the left is found the ambulance entrance, with a ramp to allow of patients being wheeled outdoors.

This floor, in the future, will be given over to a visitors' waiting room, private dining room, nurses' dining room, domestic dining room and kitchen, with one small room whose use will be decided when it is available. At present this floor contains the obstetrical case room with the most modern equipment obtainable, made of polished aluminum; a joy and pleasure to look at and work with. The infant nursery, containing cots for seven infants, is across the hall, and as this corridor is sound-proofed and the fire door between the two buildings may be closed, the patients in the old building do not suffer from the noise nuisance. The X-ray and dark room with a small private room for emergency use are side by side on the right of the corridor, and at the end of the corridor is found the kitchen. This has been built with the future in view so that with the addition of labour saving equipment it will be able to care for double the present capacity of the hospital. There are two modern sinks to care for the dish-washing, washing of pots and pans and preparing of vegetables. Provision has also been made for a walk-in refrigerator and an office for a dietitian. Off the kitchen is a dining room, in the future to be for use of the domestics, but at present used for the nursing staff, while the domestics use the unneeded space in the kitchen. A chef's

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table, cupboards and tray truck complete the equipment in the kitchen.

A full size basement provides accommodation for a washroom for domestics, a kitchen storeroom, a carpenter shop, meter room, space for extra beds and mattresses, and two rooms which can be finished for a future clinic and business room. In the old basement is a storeroom for surgical and medical supplies, drugs; a room for storm windows, screens; a room for patients' clothes, and one for a future morgue with outside entrance.

At the rear of the new building is found the laundry, a most modern and up-to-date building capable of taking care of a hospital double the present capacity.

Some distance from the hospital is seen the nurses' residence, a most comfortable, homelike cottage.

The work of the hospital is growing so rapidly that already the quarters are feeling cramped. With a present bed capacity of 28 adult beds, 7 infant cots and 2 beds for children which can be put up when needed, there has been an actual occupation for the past month, on a daily average, of over 25, with the peak fairly steady between 29-33, which does not leave a comfortable margin for emergency.

It might be interesting to note that at the end of the nine months period of this present fiscal year it is only necessary, to equal the work of the 12 months of the past fiscal year, to have 68 more admissions, 15 more operations and 5 more births. The X-ray work has already exceeded that of last year.

The nursing staff is an all graduate one and never since the opening of the hospital has any consideration been given to the possibility of operating a training school for nurses. It was felt there was insufficient material to prepare a girl for nursing, and also that the patients needed expert nursing, so that a staff of graduate nurses sufficient for this purpose would have to be maintained.

### *Dr. David Ballon Receives Important Appointment at Montreal*

David H. Ballon, B.A., M.D.C.M., McGill lecturer in oto-laryngology, has been appointed chief of the Department of Oto-laryngology at the Royal Victoria Hospital, Montreal. He succeeds the late Dr. E. H. White.

Famous throughout the medical world, the department, to the direction of which Dr. Ballon now succeeds, was organized by Dr. H. S. Birkett and established in its position of eminence by his efforts and those of Dr. White.

Forty-five years of age and a graduate of McGill University, Dr. Ballon received his first appointment in the Royal Victoria Hospital in 1909. When he had completed his internship he studied abroad on the Continent and in Edinburgh.

In 1913 he gained his first staff appointment in the department of oto-laryngology at the Royal Victoria. He advanced to the position of associate and later assistant oto-laryngologist. In 1926 he became a demonstrator at McGill, in 1930 a lecturer.

He is a Fellow of the Royal College of Surgeons of Canada, a Fellow of the American College of Surgeons, a Fellow of the Academy of Ophthalmology and Oto-Laryngology, a member of the American Association for Thoracic Surgery, the Canadian Medical Association and the Montreal Medico-Chirurgical Association.

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*(Continued from page 6)*

on business office procedure, the handling of accounts and follow-up.

The president, Dr. S. R. D. Hewitt, and the entire slate of officers, was re-elected. The date and place of the next meeting was left for the executive to decide. Moncton invited the Association to meet in that city.

### *Dr. E. H. White Passes in Montreal*

A distinguished member of Montreal's medical profession, Dr. Ernest Hamilton White, 55, brother of Senator Smeaton White, died here on June 15th, after a long illness. Dr. White was head of the department of oto-laryngology at the Royal Victoria Hospital and professor of the same subject at McGill University's medical school.

Born in Montreal August 18, 1878, Ernest Hamilton White was educated at Montreal High School and McGill University. He was graduated in medicine from the University in 1901. After several years as resident surgeon at the Montreal General Hospital, Dr. White studied eye, ear, nose and throat diseases in Vienna, Freiburg and Basle, later returning to Montreal to assume a position at Royal Victoria Hospital. He became head of his department in 1930.

Dr. White was a member of the Royal Society of Medicine of London, Eng., of the American Academy of Ophthalmology and Oto-laryngology, and a fellow of the American College of Surgeons.



## With the Manufacturers

### Assumes Important Post



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W. George Wright, prominent western business man and Rotarian, has been appointed general manager for John A. Huston Co., Limited, Toronto. The Huston Company are well known for their manufacturing and importing activities and are the sole Canadian sales agents for E. R. Squibb & Sons of Canada, Limited; DeVilbiss Atomizers, and several other well-known lines.

Mr. Wright is a familiar figure in banking, business, Rotary and Masonic circles. Born near Aberdeen, Scotland, in 1885, he came to Canada in 1906 and entered on what was to be a successful banking career. Since then he has been actively engaged in various pursuits, his most recent interest, prior to his new appointment, being his association with the Globe Bedding Co. of Winnipeg. Mr. Wright was president of the 1931-32 Rotary Club of Winnipeg.

### An Interesting Exhibit at the C.N.E.

A very interesting display is planned by G. H. Wood & Company Limited at this year's Canadian National Exhibition.

This company has in the past occupied two double booths in the main "Manufacturers' Building." One of these spaces is being turned into a reproduction of their head office "laboratory," where full equipment for the testing of raw materials and finished products will be on display. The exhibit will be in charge of Mr. Thomas S. Davey, the company's chief chemist.

Canadian purchasing agents are invited by G. H. Wood & Co., Limited, to visit this display, where methods will be shown covering the testing of all types of disinfectants, soaps and other kindred chemicals.

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## Book Reviews

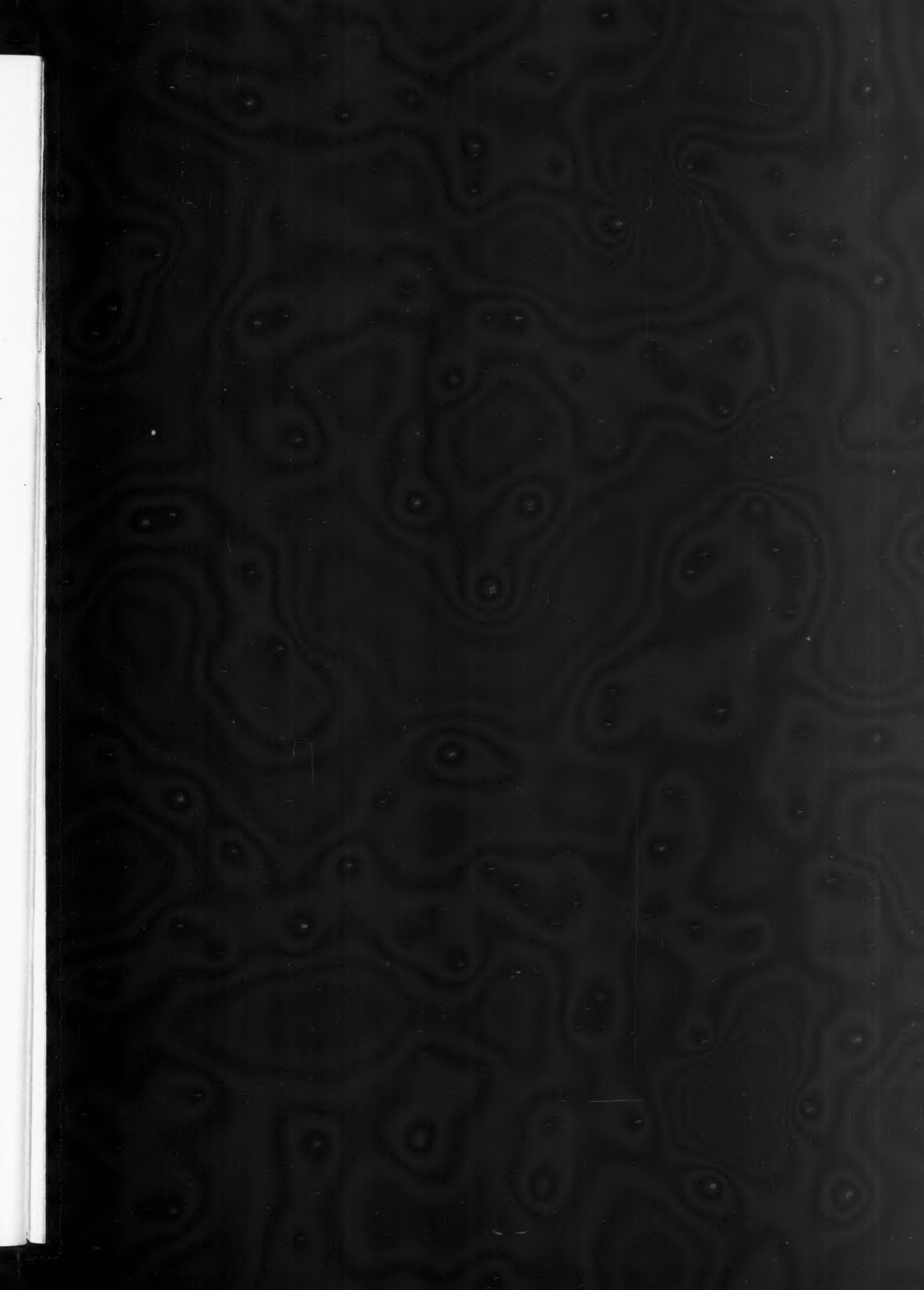
"PEDIATRIC NURSING," by Abraham Levinson, B.S., M.D.

Published by Lea & Febiger, Philadelphia, second edition, thoroughly revised, published 1933, 12 mo., 282 pages, illustrated with 28 engravings and a coloured plate. Cloth, \$2.75.

The understanding nurse will always be an indispensable factor in pediatric nursing. It was Dr. Levinson's recognition and emphasis of the importance of the human element that gave distinction to the first edition of this work. His original and important contribution to the psychological and sociological factors in child nursing won the enthusiastic approval of both nurses and their instructors everywhere. This feature retains its prominence in this thoroughly revised second edition. Most of the new material, however, covers the many recent advances in pediatrics itself. These data are so abundant that in order to include it without making the second edition materially larger than the first, the author has simplified and rewritten most of the earlier chapters.

The various diagnostic procedures in pediatrics have been described from the point of view of the nurse as the assistant to the physician. Special emphasis has been placed on treatment in its relation to nursing care. Prophylaxis has been stressed in recognition of the valuable assistance the nurse can render in the prevention of disease. Since nursing efficiency depends largely on intelligent understanding, the fundamental facts covering children's diseases are presented simply and concisely and nothing is omitted that will aid the student nurse in acquiring the personality, efficiency and understanding essential to her success.







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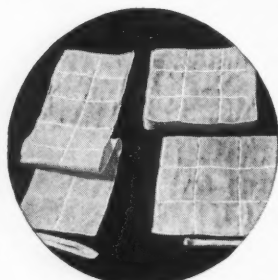
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